1813 auch endlich sein «Rickele» (Friederike Ehmann) heiraten, mit der er sich schon als Student verlobt hatte. 1819 kam er dann nach Weinsberg, wo er das berühmte «Kernerhaus» mit Garten baute und bis zu seinem Tode 1862 lebte und wirkte.

Kerner hatte 1817 klinische, pathologisch-anatomische, experimentelle (auch ein Selbstversuch) Veröffentlichungen über das «Wurstgift» begonnen, die er 1820 mit einer Monographie krönte. Diese Arbeiten über das, was wir heute Botulismus nennen, sichert ihm einen Ehrenplatz in der Medizingeschichte. In die Jahre vor Weinsberg fällt eine wenig beachtete Periode politischer Betätigung Kerners, der auch auf diesem Gebiet bei den Wittelsbachern tätig war. In Weinsberg war und blieb Kerner vor allem ein solider Praktiker. Mit Zeller zusammen behandelte er auch Lenau.

Die «Geisterseherei», für die er berühmt wurde, entwickelte sich durch den Zustrom von «somnambulen» Patientinnen (Dämmerzustände), die sich von ihm «mesmerisieren», «sympathisch behandeln» ließen. Psychotherapie bildete aber immer nur einen Teil seiner Praxis. Die bekannteste dieser Damen war die «Seherin von Prevost». Den Phantasien dieser Patientinnen gegenüber entwickelte Kerner eine kaum glaubliche Naivität und schuf so seine Lehre vom «Nervengeist». Er trieb etwas, das man empirische Parapsychologie nennen könnte. Auch griff er zum Exorzismus, der ihm als «volksnahe» Romantiker teuer war. Wenn ich mich erinnere, daß in meiner norddeutschen Heimatstadt in den 1920er Jahren auch hohe Beamte noch bei einem Todesfall in der Familie die Möbel umstellten, damit sich der Geist nicht zurechtfinden sollte, kommt mir Kerner nicht so ungewöhnlich vor wie vielleicht manchem Jüngeren.

In Weinsberg pflegte Kerner weiter die alten Freundschaften. Neue wichtige Besucher wie Mörike (auch ein Patient) und D. F. Strauss kamen dazu. Dann kam das grausame Alter. Rickele starb acht Jahre vor ihm, als er 68 war. Er wurde langsam blind und Morphinist, hatte aber trotzdem noch die Energie, einer Enkelin eine Mesmer-Biographie zu diktieren und sich an den von ihm erfundenen «Klecksographien» zu erfreuen. Er starb 1862.

Zusammenfassend charakterisiert Grüsser seinen Helden als eine romantische Synthese von Gefühl und Vernunft. Erwin H. Ackerknecht

Charles E. Rosenberg, *The Care of Strangers. The Rise of America's Hospital System*. Basic Book Inc., New York 1987. X + 437 p., 16 Abb.

Charles Rosenberg has now given us the book on the history of US hospitals we have hoped for many years in view of the papers he has published on the

subject since 1967. The book is divided in two parts: Part one “A Traditional Institution” deals with the history between 1800 und 1850. During this period the municipal almshouses, US successors of the European medieval “hospitals” (repositories of all needy like the cripples, insane, sick etc.) accomodated also the needy sick who had no opportunity of home care. So called voluntary hospitals developed only slowly (that is based on voluntary donations). Even they were so defective—primarily places to die—that the sick found outpatient departments and dispensaries preferable, even when the hospitals begun looking for and obtaining paying patients.

The hospital results of Christian charity and the desire to restore the working ability of the inmates, were run by lay superintendants (“fathers” of the hospital) who were in turn supervised and controled by the lay trustees of the hospital. They also decided admissions.

The medical profession was not very influential but was early interested in the educational opportunities the hospital offered, and the social prestige (and therewith higher income in private practice) the few positions of “attending physicians” provided. As these elite doctors showed up only sporadically, the real medical care lay in the hands of very young “house physicians”.

No nursing profession existed yet. Nursing was provided by co-patients and expatients. (This happened elsewhere too. E.G. Pussin, who taught Pinel to take off the chains of the insane, was an expatient.)

At the end of the fifty-year period, under the influence of a few elite physicians who had been able to afford studies in Paris, the ideas of the Paris hospital school began to replace the classic “holistic” medical ideas by the idea of specificity of diseases and therapeutic scepticism.

Part Two, which forms two thirds of the book is called “A New Healing Order, 1850–1920”. It shows the social sources of a wave of hospital founding at midcentury and after the civil war (when American military hospitals gained international fame). Urbanisation, industrialisation (accidents!) mass immigration all contributed. This is also a period, when specialised confessional and ethnic hospitals came into being. Pavillon hospitals began to be built on the basis of the “vitiating air” hypothesis of “zymotic” disease, which was also basic to Florence Nightingale’s gigantic reform program which receives a new detailed interpretation by the author.

In the 1870’s the germ theory entered via Lister’s antiseptis the hospitals. The germ theory brought a wealth of changes to the hospital. Not only brought it a new and powerful surgery, it brought laboratories, it changed

the public attitude towards hospital, towards the profession and public health. Medicine became now prevalently a science.

The author analyses the role of the hospital in the career of the physician. Internship and residency became required. This was a reflection of the growing centrality of the hospital in medical education. In order to satisfy the demand many medical schools had to build their own hospitals. A minority of research oriented, full time, salaried teacher-clinicians came more and more to the foreground.

The first formal nurse training schools in hospitals opened in the 1870's, being economically advantageous to the hospitals. The very unfavorable working conditions of the pupils brought about a reform movement for reducing ward work hours and expanding the intellectual content of the nurses' education.

By the time of World War I respectable patients began to enter hospitals in numbers, especially for surgery. This made the hospitals more and more economically dependant on this group and strengthened the position of the referring doctors in the hospital structure. The powerful board-member trustee lost slowly much of his influence. The superintendant became more and more a trained bureaucrat heading a growing body of minor bureaucrats. Wardlife changed very much in a continuously improving technology, but is pictured as still rather colorful. At the beginning of the 20th century Richard Cabot established the first hospital social work department at Massachusetts General. Outpatient departments of hospitals went through a crisis, while the almshouses (municipal) hospitals were reformed. The construction of special middle class accomodations were a first, unsuccessful attempt to solve the problem of financing hospital use for the very large group between the rich and the poor. Rosenberg summarises the history of the US hospital between 1850 and 1920 in the pithy formula: the hospital was medicalised, the medical profession hospitalised. He has brilliantly succeeded to prove his contention that the microcosm hospital mirrors the larger society and its structures. His scholarship, notes, bibliographies, indices and illustrations are, of course, first rate. Erwin H. Ackerknecht

A. Rupert Hall, B. A. Bembridge, *Physic and Philanthropy. A History of the Wellcome Trust 1936–1986*. Cambridge University Press, Cambridge 1986. XII + 479 p., 67 Ill.

Als der englisch-amerikanische Pharmazieindustrielle, Forscher und Sammler Sir Henry Wellcome 1936 im Alter von 83 Jahren starb, hinterließ er seine